



CITY OF CAMBRIDGE
INSPECTIONAL SERVICES DEPARTMENT

_____, Mass.

Date _____ 19____

City, Town

Permit # _____

AT: Building Location _____

Owner's Name _____

New ☐

Renovation ☐

Replacement ☐

Type of Occupancy: _____

P

ORIGINAL-FILES
YELLOW-INSPECTOR
PINK-COMPUTER
ORANGE-CUSTOMER

FIXTURES																		Plans Submitted:		Yes	No																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATHTUBS	SHOWER STALLS	DISHWASHERS	DISPOSERS	LAUNDRY TRAYS	WASH. MACH. CONN.	HOT WATER TANKS	TANKLESS	SLOP SINKS	FLOOR DRAINS	GAS TRAPS	URINALS	DRINKING FOUNTAIN	AREA DRAIN	WATER PIPING	ROOF DRAINS	BACKFLOW PREV.	OTHER FIXTURES:																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					

(Print or Type)

Installing Company Name _____

Address _____

Business Telephone _____

Check one:

Certificate

☐ Corp. _____

☐ Partnership _____

☐ Firm/Company _____

Name of Licensed Plumber

INSURANCE COVERAGE:

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142.

Yes ☐ No ☐

If you have checked yes, please indicate the type coverage by checking the appropriate box.

A liability insurance policy ☐ Other type of indemnity ☐ Bond ☐

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Mass. General Laws, and that my signature on this permit application waives this requirement.

Check one:

Owner ☐ Agent ☐

Signature of Owner or Owner's Agent _____

I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under Permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

By _____

Title _____

City/Town: _____

APPROVED (OFFICE USE ONLY)

Signature of Licensed Plumber _____

Type of Plumbing License

License Number _____

☐ Master ☐ Journeyman